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Bryn M. Taylor 55,668  
Name of Attorney/Agent Registration No.  
Signature of Attorney

EFW \$1761

IN THE UNITED STATES PATENT & TRADEMARK OFFICE  
RESPONSE/AMENDMENT

Mail Stop Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No. : 10/014,377  
Applicant(s) : Raul V. Nunes, et al.  
Filed : December 11, 2001  
Title : FATTY ACID COMPOSITIONS HAVING SUPERIOR  
STABILITY AND FLAVOR PROPERTIES  
TC/A.U. : 1761  
Examiner : Helen F. Pratt  
Conf. No. : 1041  
Docket No. : 8624  
Customer No. : 27752

1. ☒ No additional fees (claims fees or extension fees) are known to be required.
2. ☐ The fee has been calculated as shown below:

|   | (Col. 1)                                  |       | (Col. 2)                              | (Col. 3)          | OTHER THAN A<br>SMALL ENTITY |     |
|---|---|-------|---------------------------------------|-------------------|------------------------------|-----|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA* | RATE                         | FEE |
| TOTAL                                     | * 29                                      | MINUS | ** 29                                 | = 0               | x \$18 =                     | \$0 |
| INDEP.                                    | * 1                                       | MINUS | *** 1                                 | = 0               | x \$86 =                     | \$0 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |       |                                       |                   | + \$290 =                    | \$0 |
|   |   |       |                                       |                   | TOTAL                        | \$0 |

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

3. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
  - a. ☒ Any patent application processing fees under 37 CFR §1.16.
  - b. ☒ Any patent application processing fees under 37 CFR §1.17.
4. The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

Date: July 14, 2004  
Customer No. 27752  
(Transamd.doc - last revised 4/30/2004)

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